

10/559649

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15	1					
16		1				
17		2				
18		3				
19		4				
20		5				
21		6				
22		7				
23		8				
24	1					
25		1				
26		2				
27		3				
28		4				
29	1					
30		1				
31		2				
32		3				
33		4				
34		5				
35		6				
36		7				
37	1					
38		1				
39		2				
40		3				
41		4	1			
42		5		1		
43		6		2		
44		7		3		
45		8		4		
46		9		5		
47		10		6		
48		11		7		
49		12		8		
50		13		9		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		32	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				2		
54				3		
55				4		
56			1			
57				1		
58				2		
59				3		
60				4		
61				5		
62				6		
63				7		
64			1			
65				1		
66			1			
67				1		
68				2		
69			1			
70				1		
71				2		
72				3		
73				4		
74				5		
75				6		
76			1			
77				1		
78			1			
79				1		
80				2		
81				3		
82				4		
83				5		
84				6		
85				7		
86				8		
87				9		
88				10		
89				11		
90				12		
91				13		
92				14		
93				15		
94				16		
95				17		
96				18		
97				19		
98				20		
99				21		
100				22		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						